

IDAHO DEPARTMENT OF HEALTH & WELFARE



C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 19, 2008

Patrick Hermanson Portneuf Medical Center 651 Memorial Drive Pocatello, Idaho 83201

Dear Mr. Hermanson:

This is to advise you of the findings of the Medicare Recertification survey at Portneuf Medical Center which was concluded on January 31, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by March 3, 2008, and keep a copy for your records.

Patrick Hermanson February 19, 2008 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw

Enclosures





February 29, 2008

Gary Giles Idaho Bureau of Facility Standards 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 RECEIVED

MAR 03 2008

FACILITY STANDARDS

Dear Mr. Giles:

We appreciate the thorough review and guidance provided to Portneuf Medical Center by you and your team while you were on cite the week of January 28, 2008 while they conducted our facility survey.

Enclosed please find our completed CMS-2567 form and the accompanying state licensure deficiency form upon which we have given our responses, corrective actions taken, corrective actions in the process of being taken and completed and anticipated completion dates. Accompanying documents are also enclosed. We believe that you will find our actions such to resolve all deficiencies.

Thank you for working with Portneuf Medical Center to accomplish this improvement in our care processes.

Sincerely,

Callen Northam

Executive Vice President & COO

Callak . Northan

FOR: Patrick M. Hermanson, President & CEO

Enclosures

cc: Gary Hart, M.D., Vice President Medical Affairs

Portneuf Medical Center – ID# 130028 Response to State CMS Survey Page 2

At the time of the survey there was a project underway to improve the security of the primary records areas on both the east and west campus by placing card readers on all of the doors that access those areas. Both Radiation Oncology and Medical Oncology have been added to that project and will have electronic card readers placed on the access doors. The projected completion date of that project is April 15, 2008. The benefit to this solution is it allows the facility to not only control access, but also monitor who accesses the area and when. It will also alert security if the door is left open or propped open. At the current date the necessary equipment has been ordered and most of it has been delivered. The purchase order numbers are:

3/15/08

4003078 – Johnson Controls 4003079 – Windy City Wire 4003080 – Warbonnet Electric

We continue to have regular HIPAA training at Portneuf Medical Center with regular reminders sent out from our legal department regarding privacy issues

Ongoing

16.03.14.740.08 Discharge Planning

While on site the surveyors found that the location of the discharge plan in our charting was not consistent. To correct this we have created a discharge planning area in Maxsys, the software we use for case management documentation. We have also ordered specific "discharge plan" tabs for all of the hard charts. All items related to the discharge plan will be printed and placed behind that tab. This will allow discharge planning items to be readily accessible to interested parties directly involved with the patient's care.

2/29/08

PMC policy 7490.701, <u>Discharge Planning</u>, has been updated to contain the necessary elements of the discharge plan. This brings it concurrent with policy 7490.610, <u>Case Management Documentation Guidelines</u>. The changes to the policy read as follows:

- a. Discharge Plan
 - 1. The discharge plan is documented in Maxsys under the "Discharge Plan" heading and address identified needs or concerns for patient after careful assessment and evaluation of patient's medical condition, and anticipated discharge destination and support services available. This may include but is not limited to:
 - 1. Where patient will be discharged.
 - 2. Anticipated services in the discharge setting.
 - 3. Anticipated need for equipment and or assistive devices.
 - 4. Recommendations for supervision of patient if indicated.
 - 5. Availability of support from family and/or community if needed.
 - 6. Patient and/or family agreement with plan.

This policy will be placed in the policy repository no later than March 7, 2008. The draft version is in the attached documentation.

Education regarding discharge planning has been provided on an ongoing basis. Specifically, discharge planning was discussed in staff meetings on 11/05/07, 11/12/07, 12/06/07, and 12/18/07. There was also an interactive audio conference sponsored by HCPro on 01/24/2008 titled <u>Discharge Planning in Acute Care: How to Maximize the Process Under Current Regulations.</u> These educational staff meetings were well attended. We have attached the meeting minutes and educational materials as appropriate.

Completed 1/24/08

3/7/08

In addition to the education that has occurred recently, the survey findings have been reviewed with the case management staff and education was provided to address specific deficiencies in the

Completed 2/27/08

Portneuf Medical Center ID# 130028 Response to State CMS Survey Page 3

discharge plan. Also, all case management staff is required to attend a mandatory discharge planning webinar by March 7, 2008.

The case management director has scheduled regular 1:1 meetings with her staff. This will serve to review each employee's documentation and provide direction in areas of potential improvement.

Ongoing

The quality management department will continue to conduct monthly chart audits in regards to discharge planning. The use of an outside department to conduct these audits is beneficial as they may identify deficiencies or other opportunities for improvement that may not otherwise be recognized. The findings will be shared with the case management staff.

Ongoing

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	Based on observat determined the hos unauthorized indivipatient's medical refused in 1. On 1/30/08 at 2: located in the hall vieft unlocked, unse surveyor was able medical record with	FACILITY of met as evidenced ions and staff intervies pital failed to ensure duals could not gain ecords. The findings 43 P.M., a portable covay of the surgical flocured and unattende to access a patient's nout staff knowledge, he floor charge nurse	STANDA by: ew it was e that access to include: computer por, was ed. The active . This	RDS	We will continue to monitor this situation with regular rounding. While on site the surveyors also observed unsecured medical received both the Radiation Oncology and Medical Oncology areas. The absthose doors to be left in an unloce position has been disabled. Autodoor closers have also been added ensure that the doors are not left at any time. The staff have been instructed to keep the doors close they have been supplied with appropriate keys to maintain acceived the medical records areas.	ords in I the bility of cked omatic ed to t open n led and	Completed 2/27/08

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

2/29/2008

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

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A 442	Continued From Page 1 hospital's QA representative who were present during the tour. 2. On 1/31/08 at 11:31 A.M., during a tour of the hospital's outpatient Nuclear Medication Center, patients' medical records were observed to be stored in an unlocked, unsupervised room. The room was accessible to patients and other unauthorized persons. This was confirmed by the Nuclear Medication/Radiation Center's manager and the hospital's QA representative who were present during the tour. 3. On 1/31/08 at 11:45 A.M., during a tour of the hospital's outpatient Radiation Center, patients' medical records were stored in an unlocked, unsupervised room. The room was accessible to patients and other unauthorized persons. The		A 442	At the time of the survey there was a project underway to improve the security of the primary records areas on both the east and west campus by placing card readers on all of the doors that access those areas. Both Radiation Oncology and Medical Oncology have been added to that project and will have electronic card readers placed on the access doors. The projected completion date of that project is April 15, 2008. The benefit to this solution is it allows the facility to not only control access, but also monitor who accesses the area and when. It will also alert security if the door is left open or propped open. At the current date the necessary equipment has been ordered and most of it has been delivered. The purchase order numbers are:		3/15/08	
A 817	entrance to the roo patient's exam roo the Nuclear Medic manager and the hwho were present 482.43(c) DISCHA Discharge Plan This Standard is r Based on review o policies and staff in hospital failed to endefined. The hospuniform approach		by: by: pital mined the s were taff had a of	A 817	4003079 – Windy City Wire 4003080 – Warbonnet Electric We continue to have regular HIP training at Portneuf Medical Centregular reminders sent out from legal department regarding privalissues 482.43c DISCHARGE PLAN While on site the surveyors foun the location of the discharge plancharting was not consistent. To this we have created a discharge planning area in Maxsys, the soft we use for case management documentation. We have also or specific "discharge plan" tabs for the hard charts. All items related discharge plan will be printed an placed behind that tab. This will	ter with our cy d that in our correct tware dered all of d to the d	Ongoing 2/29/08

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	* Patient #23 was a on 1/2/08 for a prowas discharged on an initial discharge 10:35 AM, that doc would be unable to schedule. A "Reas dated 1/3/08 at 3:0 assistance at night was agreeable to a rehabilitation facility dated 1/4/08 at 11:4 going to be admitte While there was ev planning had occur documented discharge that discharge as 1/5/08 for a gastro-discharged on 1/11 initial discharge as 11:09 AM, that doc Assisted Living Fac was to follow as ne Assessment", dated documented the para Skilled Nursing F to discharge plan not a documented to	a 67 year old female addinal fibular fracture. 1/5/08. The record cassessment, dated fumented the patient's care for her due to his sessment' of the patient's care for her due to his sessment' of the patient had been a "Discharge Sum on AM, documented and to a rehabilitation of the december of the patient had been a second and while they are planning had on a discharge plan documented he lived at a collity and that a Case eded. A "Discharge of 1/11/08 at 4:58 PM attent was to be discharge plan in the collity "for strengthen" While there was even ing had occurred the discharge plan in the	She contained 1/3/08 at s spouse is work cient, he had ay and amary", she was acility. e e d. agers found courred cumented amager tained an Manager , arged to aing prior vidence ere was record.					
	on 1/31/08 at 10:15 AM, two case managers went through the record and while they found evidence that discharge planning had occurred they could not find a discharge plan documented							

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	in the record. * Patient #37 54 ye the hospital on 1/5/renal failure. The ridischarge assessment, and a "Reasse 12:05 PM. The readeciding whether to they are not ready fre-assessment was While there was evidence they are not ready fre-assessment was While there was evidence that discharge planning had occur documented discharge plannot find a discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * Patient #48 was ato the hospital on 1 obstructive pulmon hypertension and discharge record. * On 1/31/08 at 10:53 evidence that discharge was not a doctor the record. On 1/31/08 at 10:18 went through the reevidence that discharge revidence that discharge revidence that discharge revidence that discharge revidence that discharge record.	ar old female was ac 708 for lung cancer ar ecord contained an inent, dated 1/5/08 at essment" dated 1/8/0 assessment stated " o continue chemother for hospice" A second according to the second and the second and the second and while she found an ing had occurred she plan documented in a 64 year old female a 723/08 with chronic ary disease, anemia, iabetes. The record discharge assessment, and a "Reassessment, and a "Re	and acute initial 12:23 8 at .is rapy but ond :49 PM. e d. r went evidence ne could in the admitted ent, dated ent" ssment tant s done as ccurred plan in agers found ccurred					
	they could not find a discharge plan documented in the record.							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 130028 01/31/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) BB275 16.03.14.360.04 Access to Records BB275 16.03.14.360.04 Access to Records Portneuf Medical Center has 04. Access to Records. Only authorized implemented several practices in order personnel shall have access to the record. o ensure that unauthorized individuals (10-14-88)could not gain access to patient's medical records. This Rule is not met as evidenced by: Refer to A442 as it relates to the lack of In regards to the portable computers protection of medical records from unauthorized used in the clinical areas, we have persons. reinforced with the staff the importance of securing the patient information that is displayed on the monitors. Locking BB461 16.03.14.470.08 Discharge Planning BB461 the computers can be done with one Completed click of the mouse and the staff have 2/25/08 08. Discharge Planning. Consideration for been educated on that procedure. The continued care and services in the community Essentris program that is used for after discharge, placement alternatives, and patient charting has been set to utilization of community resources shall be automatically lock out the after one initiated on admission and carried out to ensure minute, the most restrictive time that each patient has a documented plan for allowed by the program. After the continuing care that meets his individual needs. program locks out a password is Provision shall be made for exchange of required to access the data available on appropriate information with outside resources. the computer. Changes to the Essentris (10-14-88)system will apply to all Essentris equipped computers in the facility. This Rule is not met as evidenced by: Refer to A817 as it relates to the hospital's failure We will continue to monitor this to define and document discharge plans. situation with regular rounding. While on site the surveyors also observed unsecured medical records in both the Radiation Oncology and the RECEIVED Medical Oncology areas. The ability of those doors to be left in an unlocked position has been disabled. Automatic Completed MAR 03 2008 door closers have also been added to 2/27/08 ensure that the doors are not left open at any time. The staff have been FACILITY STANDARDS instructed to keep the doors closed and they have been supplied with appropriate keys to maintain access to the medical records areas.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EUP/GO

2-29-2008

Bureau of Facility Standards